TRAINING DELIVERY SUPPORT GRANT
2021 PURCHASE PLAN

Please complete and submit this form to your Regional Manager. Please refer to the Training Delivery Support Grant Guidelines for further information regarding eligibility and use of the Training Delivery Support Grant.

**Please list proposed items, reason for purchase and estimated cost**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Item** | **Reason for purchase****(Please also identify where cost is part payment towards purchase of item)** | **Estimated Cost** |
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| **Total** |  |

**Learn Local Representative**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Learn Local**  |  |
| **Signature** |  |
| **Date** |  |

**Regional Manager Authorisation**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Region** |  |
| **Signature** |  |
| **Date** |  |

**Further Information**

If you have any questions or wish to make any changes to your Purchase Plan after regional authorisation, please contact your Regional Manager.